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|-----------------------------|-------------------------|--------------|------------------------|----------------------------------|
| SERIAL NUMBER 09/348,502 | FILING DATE 07/07/99 | CLASS 380 | GROUP ART UNIT 2766 | ATTORNEY DOCKET NO. 1807.0924 |
|-----------------------------|-------------------------|--------------|------------------------|----------------------------------|

APPLICANT

IOANA DONESCU, RENNES, FRANCE.

CONTINUING DOMESTIC DATA***
VERIFIED

none AB

371 (NAT'L STAGE) DATA***
VERIFIED

none AB

FOREIGN APPLICATIONS***

| | | | |
|----------|--------|----------|----------|
| VERIFIED | FRANCE | 98-10148 | 08/06/98 |
| | FRANCE | 98-10149 | 06/08/98 |

WES AB

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 10/07/99

| | | | | | |
|---|---|-------------------------|----------------------|--------------------|-------------------------|
| Foreign Priority claimed 35 USC 119 (a-d) conditions met | <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance | STATE OR COUNTRY FRX | SHEETS DRAWING 14 | TOTAL CLAIMS 94 | INDEPENDENT CLAIMS 8 |
| Verified and Acknowledged | Examiner's Initials <u>AB</u> Initials _____ | | | | |

ADDRESS

SEE CUSTOMER NUMBER: 005514

TITLE

METHOD AND DEVICE FOR INSERTING AND DECODING A WATERMARK IN DIGITAL DATA

| | | |
|------------------------------------|---|---|
| FILING FEE RECEIVED \$2,872 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following: | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit |
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BIBDATASHEET

CONFIRMATION NO. 5329

Bib Data Sheet

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|---|---|--|------------------------|-------------------------------------|---|-------------------------------|-------------------------|-----------------------|----------------------------|---|--|--|--|--|--|------------------------------------|---|-----------------------------------|---|--|--|
| SERIAL NUMBER 09/348,502 | FILING DATE 07/07/1999 RULE | CLASS 382 | GROUP ART UNIT 2623 | ATTORNEY DOCKET NO. 1807.0924 | | | | | | | | | | | | | | | | | |
| <p>APPLICANTS</p> <p>IOANA DONESCU, RENNES, FRANCE;</p> <p>** CONTINUING DATA ***** none AB</p> <p>** FOREIGN APPLICATIONS ***** FRANCE 98-10148 08/06/1998 FRANCE 98-10149 06/08/1998 Verified AB</p> <p>IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 10/07/1999</p> <table border="1"> <tr> <td>Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no</td> <td rowspan="2">STATE OR COUNTRY FRANCE</td> <td rowspan="2">SHEETS DRAWING 14</td> <td rowspan="2">TOTAL CLAIMS 94</td> <td rowspan="2">INDEPENDENT CLAIMS 8</td> </tr> <tr> <td>35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance</td> </tr> <tr> <td>Verified and Acknowledged Examiner's Signature: <i>[Signature]</i> Initials: AB</td> <td></td> <td></td> <td></td> <td></td> </tr> </table> <p>ADDRESS 5514/ FITZPATRICK CELLA HARPER & SCINTO 30 ROCKEFELLER PLAZA NEW YORK, NY 10112</p> <p>TITLE METHOD AND DEVICE FOR INSERTING AND DECODING A WATERMARK IN DIGITAL DATA</p> <table border="1"> <tr> <td rowspan="4"> FILING FEE RECEIVED 2872 </td> <td rowspan="4"> FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: </td> <td><input type="checkbox"/> All Fees</td> </tr> <tr> <td><input type="checkbox"/> 1.16 Fees (Filing)</td> </tr> <tr> <td><input type="checkbox"/> 1.17 Fees (Processing Ext. of time)</td> </tr> <tr> <td><input type="checkbox"/> 1.18 Fees (Issue)</td> </tr> </table> | | | | | Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no | STATE OR COUNTRY FRANCE | SHEETS DRAWING 14 | TOTAL CLAIMS 94 | INDEPENDENT CLAIMS 8 | 35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance | Verified and Acknowledged Examiner's Signature: <i>[Signature]</i> Initials: AB | | | | | FILING FEE RECEIVED 2872 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | <input type="checkbox"/> All Fees | <input type="checkbox"/> 1.16 Fees (Filing) | <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) | <input type="checkbox"/> 1.18 Fees (Issue) |
| Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no | STATE OR COUNTRY FRANCE | SHEETS DRAWING 14 | TOTAL CLAIMS 94 | INDEPENDENT CLAIMS 8 | | | | | | | | | | | | | | | | | |
| 35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance | | | | | | | | | | | | | | | | | | | | | |
| Verified and Acknowledged Examiner's Signature: <i>[Signature]</i> Initials: AB | | | | | | | | | | | | | | | | | | | | | |
| FILING FEE RECEIVED 2872 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | <input type="checkbox"/> All Fees | | | | | | | | | | | | | | | | | | | |
| | | <input type="checkbox"/> 1.16 Fees (Filing) | | | | | | | | | | | | | | | | | | | |
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